

**PICKAWAY COUNTY**

**AN EQUAL OPPORTUNITY EMPLOYER APPLICATION**

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED IN THE ENTIRE APPLICATION FORM

.....  
POSITION SOUGHT: \_\_\_\_\_ Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Initial

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS JOB OPENING? \_\_\_\_\_  
.....

# AN EQUAL OPPORTUNITY EMPLOYER APPLICATION

## \*EMPLOYMENT HISTORY AND WORK EXPERIENCE\*

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER: \_\_\_\_\_  
(ENTER "NONE" IF UNEMPLOYED)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR JOB DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING?

\_\_\_\_\_  
\_\_\_\_\_



# AN EQUAL OPPORTUNITY EMPLOYER APPLICATION

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ END SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

\_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ END SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

\_\_\_\_\_

## AN EQUAL OPPORTUNITY EMPLOYER APPLICATION

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ END SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

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WHY DID YOU LEAVE? \_\_\_\_\_

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PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ END SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

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WHY DID YOU LEAVE? \_\_\_\_\_

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# AN EQUAL OPPORTUNITY EMPLOYER APPLICATION

## \*PERSONAL INFORMATION\*

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DO YOU HAVE ANY COMMITMENTS (i.e. second job, school, etc.) WHICH MIGHT INTERFERE WITH OR ADVERSELY AFFECT YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES \_\_\_ NO \_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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DO YOU POSSESS A VALID DRIVERS LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A RESIDENT OF PICKAWAY COUNTY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NOT, ARE YOU WILLING TO BECOME A RESIDENT UPON EMPLOYMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

.....

## AN EQUAL OPPORTUNITY EMPLOYER APPLICATION

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH

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I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing a medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: \_\_\_\_\_

If employed, I understand and accept that I may be required to work evenings, nights and/or weekend days.

Initials: \_\_\_\_\_

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: \_\_\_\_\_

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# AN EQUAL OPPORTUNITY EMPLOYER APPLICATION

## EEO DATA: VOLUNTARY DISCLOSURE FORM

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential, and will play no part in the employer's evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

SEX: \_\_\_\_\_

### RACIAL AND ETHNIC CATEGORIES:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaska Native

DO NOT WRITE BELOW THIS LINE

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HIRED: \_\_\_\_\_ Yes \_\_\_ No \_\_\_ POSITION \_\_\_\_\_

DEPT. \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_

DATE REPORTING TO WORK \_\_\_\_\_ SHIFT \_\_\_\_\_